

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000111

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 45

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mexico		c. CITY OR TOWN Moberly	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS 507 Allenly	
3. NAME OF DECEASED (Type or print) George		4. DATE OF DEATH Month Feb. Day 7 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/19/1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME George Washington Spears		13b. MOTHER'S MAIDEN NAME Mary Jane Gillespie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 98	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of pancreas with multiple metastasis to liver, lungs, with generalized abdominal carcinoma DUE TO (b) cardiac decompensation DUE TO (c) Arteriosclerotic heart disease with		17. INFORMANT Address Audrain Hospital, Mexico, Mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY: Hour 2 a.m. Month; Day, Year 1-30-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Centralia, Missouri	
21. I attended the deceased from 1-30-63 to 2-7-63 and last saw ^{her} him alive on 2-7-63 Death occurred at 2 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 2-7-63	
22a. SIGNATURE Robert L. Ward, M.D. (Degree or title)		22b. ADDRESS Centralia, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 9, 1963	23c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery	23d. LOCATION (City, town, or county) (State) Centralia, Mo.
24. FUNERAL DIRECTOR Purcell O. Fenton, Centralia, Mo.		25. DATE RECD. BY LOCAL REG. Feb 8 1963	
		26. REGISTRAR'S SIGNATURE Blanche Neely	

USE BLACK INK
ORTYPEWRITER RIBBON
Robert L. Ward, M.D.

FEB 15 1963

880
1280

0

0

0-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed P O Fenton

Licensed Embalmer No. 3705

P. O. Address Centralia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.